KENTUCKY BOARD OF DENTISTRY
FACILITY INSPECTION FOR GENERAL ANESTHESIA

This page is to be completed by dentist prior to inspection.

Street Address _____

City and Zip _____

Phone # _____

Personnel
Include all dentists using facility
Use additional sheets if necessary

This column to be completed by inspector.

Dentist _____License No._____ ❒

Anesthesia Assistant _____ ❒

Dentist _____License No._____ ❒

Anesthesia Assistant _____ ❒

Dentist _____License No._____ ❒

Anesthesia Assistant _____ ❒

Dentist _____License No._____ ❒

Anesthesia Assistant _____ ❒

Dentist _____License No._____ ❒

Anesthesia Assistant _____ ❒

To be completed by inspector

Inspected by _____ Date _____

❒ Inspection complete & satisfactory
❒ Inspection is incomplete, will send proof of missing items to board office.
❒ Inspection is incomplete and requires re-inspection.

Rev 12/06

GENERAL ANESTHESIA INSPECTION LIST

	Yes	No
A. Operatory & Recovery Room		
1. Minimum size of Operatory room 10 ft. x 8 ft. or 80 sq. ft.	❒	❒
2. Minimum door or egress from Operatory room 36 in. net, or evidence EMS Gurney cam be brought into room	❒	❒
3. Minimum size of recovery room if present 8ft. x 4ft. or 32 sq. ft.	❒	❒
4. Minimum door or egress from recovery room 36 in. net or evidence EMS gurney can be brought into room	❒	❒
5. Minimum hallway from Operatory room to exit 42 in. width net	❒	❒
B. Equipment		
1. Oxygen Systems		
Primary with positive pressure	❒	❒
Secondary portable oxygen	❒	❒
2. Suction System		
Primary	❒	❒
Secondary portable (non electric, unless back-up generator available)	❒	❒
3. Operating Light		
Primary	❒	❒
Secondary surgical lighting or portable non-electric	❒	❒
4. Operating chair/table with flat position	❒	❒
C. Monitoring & Emergency Equipment		
1. Stethoscope	❒	❒
2. Sphygmomanometer	❒	❒
3. Pulse Oximeter	❒	❒
4. Oral Airway - Small, Medium, Large	❒	❒
5. Face Mask - Small, Medium, Large	❒	❒
6. I.V. access equipment	❒	❒
7. I.V. Fluids	❒	❒
8. Cardiac Monitor	❒	❒
9. Defibrilator	❒	❒
10. Laryngoscope/Blades – Small, Medium, Large	❒	❒
11. Endotracheal Tubes	❒	❒
D. Emergency Drugs		
1. Nitroglycerin Spray or Ointment	❒	❒
2. Vasopressor - Name _____	❒	❒
3. Antihypertensive – Nitroglycerin tablets recommended (Procardia not recommended)	❒	❒
4. Narcan Narcotic Antagonist	❒	❒
5. 50% Dextrose	❒	❒
6. Antihistamine – Name _____	❒	❒
7. Aerosol Bronchodilator	❒	❒
8. Anticonvulsant – Valium recommended	❒	❒
9. Epinephrine	❒	❒
10. Atropine	❒	❒
11. Aspirin	❒	❒
12. Romazicon	❒	❒
13. Lidocaine HCl (I.V. Use)	❒	❒
14. Succinycholine	❒	❒
E. Records		
1. Patient medical history form	❒	❒
2. Patient anesthesia record	❒	❒
3. Office narcotic and scheduled drug record	❒	❒
F. Personnel		
1. Chair-side assistant with current CPR	❒	❒